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## Attachment COALITION

Healing Trauma and  
Strengthening Adoptive  
Relationships

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### MISSION STATEMENT

The Attachment COALITION is a group of professionals, who have voluntarily come together to study and collaborate concerning children and their families experiencing an attachment disturbance, adoption issues, as well as support and educate adoption agencies and parent organizations.

COALITION members share in the core belief that families are an integral part of any treatment and fundamental to all work performed. The goal of our work is to repair relationship problems within the family, often using Dyadic Developmental Psychotherapy.

COALITION members have specialized training, which is ongoing, and years of experience in assessing and treating children with adoption and/or relationship problems. Our shared belief in attachment theory, trauma research, and treatment philosophies, gives us a tremendous base of knowledge from which to assess and develop comprehensive treatments.

Further, as an obligation to the children we serve, we have networked within our communities to find therapists and evaluators in various other disciplines, who provide services beyond our treatment scope, while sharing our philosophy. These affiliations broaden the range of our overall service. As a result, local professionals in other disciplines, as well as experts around the country, are available to provide a child or family with additional comprehensive services.

### **PHILOSOPHY**

A child who has experienced multiple placements, institutionalization, neglect or abuse has been traumatized. We must acknowledge that such traumas occurred within the context of a relationship (or *lack* of relationship), leaving a child "attachment traumatized." We understand that asking an adopted child to enter into a new relationship may be both challenging and frightening for the adoptee.

In changing the experience of "attachment relating" for a traumatized child, the change can only occur within an attachment-focused relationship. As a result of this belief, COALITION members have chosen Dyadic Developmental Psychotherapy (DDP) as the treatment of choice. This approach creates new meaning for past trauma and incorporates the child's present attachment figure within the treatment process.

The goal of DDP is to heal the child's pain from earlier hurtful relationships, and to create a new, securely based attachment between the child and adoptive parent. COALITION members have the required training and the depth of experience to direct and sensitively support this goal for our clients. While recognizing the impact of early trauma, the COALITION's work honors and strengthens the bond of adoption and offers adoptive families a committed source of hope and healing.

### **TARGET POPULATION**

Members of the COALITION provide psychological consultations, evaluations, and treatment to all families who have children with adoption issues and/or attachment disturbances. Children adopted domestically and internationally, ranging in age from 6 to 8 months old through early adulthood, and adult individual psychotherapy can be provided.

### **LEVEL OF PRACTICE**

Most children treated by COALITION members have experienced abandonment, neglect and/or abuse or some form of trauma; therefore, COALITION members are trained in many of the following:

- Cognitive & Behavioral Interventions
- Dyadic Developmental Psychotherapy
- Theraplay™

EMDR (fully trained resource is available for treatment)  
Sexual Abuse Interventions  
Narrative Techniques  
Crisis Management  
Sensory Integration

## DESCRIPTION OF SERVICES

### Intake Process

#### **Parental Consult**

To learn about each family member's emotional and spiritual development as well as explore intellectual and/or physical problems within the family is the first step. COALITION members feel this process is critical, as the treatment plan must encompass the entire family system --- ALL family members are and will continue to be affected when one child struggles with an attachment disturbance.

#### **Interview with Child (parents present)**

This clinical interview assesses the child's capacity to meet, talk, and relate to others. It is an opportunity to determine the child's ability to communicate his/her history, label and express emotions, and observe the interactions between child and parent(s).

#### **Referral to Rule-out Other Diagnoses**

Full psychological evaluation, neurological work-up or an assessment by an occupational therapist may be required. In some cases, it is necessary that a physical therapist and/or a speech & language specialist assess the child. Also, it may be necessary to seek a psychiatric evaluation for medication intervention. If the child is under the age of three, often a referral for support services is made to the "early on" program provided in the tricounty area. If there are issues within the family (i.e. marital or sibling conflicts), a collaborative conference is sought, and recommendations are made to the parents. Because COALITION members have a network of professionals with whom we consult and to whom we refer, this process is made easier for families.

#### **Final Intake Meeting - Develop Family Treatment Plan:**

Treatment plans are developed in phases as data from other sources is gathered and a contract is proposed to the parents. Often, depending on the needs of the child, the contract may require that the family make a long-term commitment to psychological treatment. The guideline is, of course, given with no guarantees, but is essential in helping parents understand that they are committing to a process of therapeutic healing that includes:

Resolution of early losses/traumas  
Affect modulation behavioral plan  
Teach parents home interventions

Correct distorted thinking patterns  
Develop coping skills & self-esteem

## **Treatment**

*Dyadic Developmental Psychotherapy* is the treatment modality used by members of the COALITION. (See “Creating Capacity for Attachment” by Arthur Becker-Weidman, PhD. & Deborah Shell, MA, LCMHC.) The focus of treatment is the “relationship.” This is the identified client. Therefore, educating parents, and often extended family members<sup>1</sup>, is critical. Parental understanding of emotional problems, how the emotional problems manifest as behaviors, how feelings are played out within the family, where the parents' source of frustration lies, the effects of infertility and other issues are of utmost importance in the overall treatment of the child. Further, working with parents on developing empathy for what their child's life experiences have been is a necessary part of relationship-oriented treatment. Empathy can only be taught to children by providing it to them. Thus, parents are always kept focused on this "bottom line" issue. To assist in helping the parents stay focused on empathy they are asked to:

- Gather documents that are available through the adoption agency in order to gain pre-adoption information.
- Investigate their child's birth location/area.
- Have all documents translated, if necessary.
- Gather their own historical information and pre-adoption experiences through documents and pictures.
- It is then expected that birth/pre-adoption information be shared, when appropriate and therapeutic, with the child.<sup>2</sup>
- Seek marital therapy and/or treatment for siblings.

## **Termination**

An unstructured parent interview and a home therapeutic plan are usually designed to ensure continued success, as many of the children treated present with a severe pathology.

## **PRACTICE/SERVICE TYPE**

Each member<sup>3</sup> of the COALITION provides independent, private outpatient services (office based).

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<sup>1</sup> A special half-day workshop can be provided for extended family members.

<sup>2</sup> There have been times when placement social workers, birthmothers or other birth family members have been interviewed, in a structured setting w/o the child, to help learn as much as possible about pre-adoption/birth experiences in order to bring a depth into the therapeutic process.

<sup>3</sup> It is important to note that as independent practitioners we are not responsible for each others' work in any way.

## **SAFETY/RISK MANAGEMENT PLAN**

Treating therapists have been trained in Crisis Prevention Intervention (CPI). If a crisis arises that the parents or clinicians cannot manage, then call 911 for emergency assistance. Additionally, when necessary, parents are encouraged to become CPI trained.

## **EVALUATION/OUTCOME/FOLLOW-UP**

A pre-treatment assessment\* along with behavioral goals and objectives are initially developed and subsequently reviewed with the client's parents on a regular basis. Other professionals involved in the case are consulted regularly.

\*An assessment could minimally include:

- Roberts Apperception Test
- Rorschach Ink Blot Test
- Story Completion Test
- Kinetic Family Drawing
- Attachment-Oriented Art Assessments
- Marschak Interaction Method of Assessment
- Child Behavior Check List
- Antisocial Process Screening Device
- Parental Stress Index
- Parenting Profile for Developing Attachment
- Personality Inventory for Children – Second Edition

COALITION clinicians often work intensely and long-term with a child and his/her family. Strong relationships typically develop. Thus, regular update meetings or periodic “tune ups” are often requested by families who have completed treatment. These opportunities provide COALITION members with anecdotal outcome information.